OFFICE OF THE FEDERAL DEFENDER Case 2:04-cr-00@23/46/Fn photography Carl propaga 2/07 Page 1 of 3

801 I STREET, 3rd FLOOR SACRAMENTO, CALIFORNIA 95814

Daniel J. Broderick Federal Defender (916) 498-5700 Fax: (916) 498-5710

Linda Harter Chief Assistant Defender

February 20, 2007

Mr. John Manning Attorney at Law 1812 J Street, #22 Sacramento, CA 95814

FILED

FEB **2 2** 2007

Re:

U.S. v. Jeffery Gordon Duarte

Cr.S-04-092-MCE

CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

DEPUTY CLERK

Dear Mr. Manning:

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

CYNTHIA L. COMPTON CJA Panel Administrator

:clc

Enclosures

cc: Clerk's Office

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE Case PERSON REPRESENTED MCE Document 45 Filed 0 2/22/01/27 NIDURE 2 of 3 CAE Duarte, Jeffery Gordon							
3. MAG. DKT./DEF. NUMBER	4. dist. dkt/def. numi 2:04-000092-001	BER 5. APP	5. APPEALS DKT/DEF, NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY	PAYMENT CATEGORY 9. TYPE PE		RSON REPRESENTED 10.		REPRESENTATION TYPE (See Instructions)	
U.S. v. Duarte Felony		Ad	Adult Defendant			Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1708.F THEFT OR RECEIPT OF STOLEN MAIL MATTER							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS			13. COURT ORDER M O Appointing Counsel				
Manning, John		□ r s					
1812 J Street Suite 22			Prior Attorney's Name;				
Sacramento CA 95814		Appointment Date:					
		Otherwise	Decause the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (i) is financially unable to employ course) and				
Telephone Number:(916) 447-1200		(2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case,					
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) or			$I \wedge \Lambda \wedge \Lambda = II \wedge I$				
			Signature of Presiding Judicial Officer or By Order of the Court				
		Dute of Older Nunc Pro Tune Dage Repayment or partial repayment ordered from the person represented for this service at					
		time of a	ppointment. 🗀	YES NO			
Secretary and the second control of the seco							
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15. a. Arraignment and/or Plea							
b. Bail and Detention Hearings							
c. Motion Hearings							
n d. Trial							
C e. Sentencing Hearings							
f. Revocation Hearings							
t g. Appeals Court				/			
h. Other (Specify on additional sheets)			eren eren eren eren eren eren eren eren		and the state of t		
(Rate per hour = \$ 92) TOTALS:							
16. a. Interviews and Conferences							
b. Obtaining and reviewing records							
c. Legal research and brief writing							
d. Travel time							
e. thvestigative and Other work (specify do administrates)		1	and the second				
(Rate per hour = 3 92)	TOTALS:	1					
	, meals, mileage, etc.)						
	rt, transcripts, etc.)			_			
COLONIAL COLORS DE CINOSEL.							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO 10 21. CASE DISPOSITION 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION						SE DISPOSITION	
22. CLAIM STATUS							
representation? □YES □ NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney: Date:							
SECTION OF THE PROPERTY OF THE							
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EX			26. ОТН	26. OTHER EXPENSES 27. TOTAL AMT. APPR		AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX			32. OTH	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUD0	GE CODE	

Case 2:04-cr-00092-MCF Document 45 Filed 02/22/07 Page 3 of 3 **CJA 23** (Rev. 5798) REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF HEE IN SUPPORT OF IN UNITED STATES ☐ MAGISTRATE ■ DISTRICT APPEALS COURT or OTHER PANEL (Specify below) IN THE CASE OF LOCATION NUMBER FOR IUNITED STATES EASTERN DISTRICT OF CAESC SACRAMENTO. CALIFORNIA DOCKET NUMBERS PERSON REPRESENTED (Show your full name) 1 Delendant - Adult Magietrata 2 Defendant - Juvenile District Court 3 ☐ Appellant 84-092mc 4 Probation Violator Court of Appeals 5 Parola Violator CHARGE/OFFENSE (describe if applicable & gheck box →) Misdemesnor 6 Habeas Petitioner 0.5.6 \$ 1344(2) 7 2255 Pelitioner 18 V.S.L & 170B 🤋 🔲 Material Witness 9 Other (Specify) Are you now employed? PYes No ☐ Am Self Employed Name and address of employer: IF, YES, how much do you IF NO, give month and year of last employment EMPLOY-How much did you earn per month? \$ earn per month? \$ MENT **W**Yes If married is your Spouse employed? **P**AIO for a minor under age 21, what is your Parents or IF YES, how much does your į į _Guardian's approximate monthly income? \$ Spouse earn per month? \$ Here you received within the past 12 months any income from a business, profession or other form of self-employment, or in the RECEIVED SOURCES OTHER IF YES, GIVE THE AMOUNT INCOME **ASSETS** RECEIVED & IDENTIFY \$ THE SOURCES Have you any cash on hand or money in savings or checking account ☐ Yes ☐ No IF YES, state total amount \$ CASH Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable properly (excluding ordinary household furnitihings and clothing)? Pres DESCRIPTION PROP-IF YES, GIVE THE VALUE AND \$ **ERTY** DESCRIBE IT MARITAL STATUS Total No. of SINGLE Dependents MARRIED **DEPENDENTS** WIDOWED SEPARATED OR **OBLIGATIONS** DIVORCED & DEBTS APARTMEN' Creditors Total Debt Monthly Payl. DEBTS & OF HOME: MONTHLY BILLS (LIST ALL CREDIT ORS. INCLUDING BANKS, LOAN COMPANIE ;, CHARGE ACCOUNTS, TC I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED)

